

# KATA CLINIC AND JUDGE CERTIFICATION

Sponsored by CJBBA and Tohkon Judo Academy

SANCTION: BY UNITED STATES JUDO FEDERATION Sanction No. 18-02-10

<b>DATE: February 16, 17 &amp; 18, 2018</b>	<b>ELIGIBILITY</b>																					
<p>KATA CERTIFICATION WILL BE FOR <u>USA Judo and USJF</u></p> <p>Nage no Kata, Katame no Kata Ju no Kata, Goshin Jutsu Kime no Kata, Itsutsu no Kata Koshiki no Kata</p>	<p>Participants at clinic must be current members of USA Judo, USJF or USJA, and must show membership card. Candidates who are applying for kata judge certification with USA Judo must be members of USA Judo. Candidates applying for kata instructor certification with the USJF must be members of USJF. USJF memberships may be purchased at the clinic.</p>																					
<p><b>LOCATION:</b> Tohkon Judo Academy 4427 North Clark Street Chicago, Illinois 60640 Dojo: ( 773 ) 784 – 7766</p>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: left;"><b>CLINIC FEE:</b></td> <td style="text-align: center;"><b>Pre-Registration Rate</b></td> <td style="text-align: center;"><b>Day Of Rate</b></td> </tr> <tr> <td></td> <td style="text-align: center;"><u>(Postmark by 2/12/18)</u></td> <td></td> </tr> <tr> <td>Friday Only -</td> <td style="text-align: center;">\$25.00</td> <td style="text-align: center;">\$35.00</td> </tr> <tr> <td>Saturday Only -</td> <td style="text-align: center;">\$40.00</td> <td style="text-align: center;">\$50.00</td> </tr> <tr> <td>Fri &amp; Sat -</td> <td style="text-align: center;">\$40.00</td> <td style="text-align: center;">\$50.00</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>All CJBBA Members receive a \$5.00 discount.</b></td> </tr> <tr> <td colspan="3" style="text-align: center;">Make checks payable to: TOHKON JUDO ACADEMY</td> </tr> </table>	<b>CLINIC FEE:</b>	<b>Pre-Registration Rate</b>	<b>Day Of Rate</b>		<u>(Postmark by 2/12/18)</u>		Friday Only -	\$25.00	\$35.00	Saturday Only -	\$40.00	\$50.00	Fri & Sat -	\$40.00	\$50.00	<b>All CJBBA Members receive a \$5.00 discount.</b>			Make checks payable to: TOHKON JUDO ACADEMY		
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<p><b>INSTRUCTORS:</b> <b>HEAD CLINICIAN:</b> <b>Sensei Eiko Shepherd 8<sup>th</sup> Dan</b> USJI &amp; USJF Class A Judge- All 7 Kata USJF Kata Chairperson World Master Kata Chairperson International Shiai Competitor</p>	<p><b>TESTING FEE:</b> USJI Testing Fee &amp; Certification Fee: \$ 25.00 USJF Testing Fee: \$ 10.00 Certification Fee: Class A \$ 20.00 Class B \$ 15.00 Class C \$ 10.00</p>																					
	<p><b>SCHEDULE:</b> <b>Friday, February 16</b> 6:30 to 7:00 PM- Registration 7:00 to 9:00PM - Randori No Kata Nage No Kata</p>																					
<p><b>ASSISTANT CLINICIAN:</b> <b>Sensei Douglas Tono 7<sup>th</sup> Dan</b> USA Judo &amp; USJF Class A Judge International Kata Competitor First US Gold Medalist/Dutch Open US Olympic &amp; World Team Member 3 Time US Sr. National Champion</p>	<p><b>Saturday, February 17</b> 8:30 to 9:00 AM- Registration 9:00 to 12:00 noon- Nage No Kata &amp; Kime No Kata 12:00 to 1:30 PM - Lunch Break 1:30 to 5:00 PM - New Scoring System Explanation Kime No Kata</p>																					
	<p><b>Sunday, February, 18</b> 9:00 to 12:00 PM Written test 12:00 to 3:00 PM Demonstration</p>																					
<p>For additional information contact e-mail: eikojudo1@gmail.com</p>	<p><b>Eiko Shepherd:</b> 618-875-2558 H 618-875-2558 Fax 618-781-5157 Cell</p>																					

# KATA CLINIC AND JUDGE CERTIFICATION

February 16, 17 & 18, 2018

SANCTION: BY UNITED STATES JUDO FEDERATION Sanction No. 18-02-10

## REGISTRATION FORM

(Please Print Clearly)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Dojo: \_\_\_\_\_  
Tel (     ) \_\_\_\_\_ / \_\_\_\_\_ Cell (     ) \_\_\_\_\_ / \_\_\_\_\_  
Eligibility: Open to current USJF, USJI and USJA members  
USJF #: \_\_\_\_\_ USA Judo #: \_\_\_\_\_ USJA No: \_\_\_\_\_  
Exp Date: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Exp Date: \_\_\_\_\_

If assistance/accommodation is needed (check off appropriate box):  Vision Loss/Blindness  Hearing Loss/Deafness

Type of assistance/accommodation requested or name of person assisting: \_\_\_\_\_

### In case of emergency

Name/Parent/Guardian : (minors only under age 18)		
In case of emergency contact:		
Relationship:	Tel (     ) _____ / _____	
Address:		
City:	State:	Zip:

Mail completed registration forms to:

**TOHKON JUDO ACADEMY  
4427 N. CLARK ST  
CHICAGO, IL 60640  
ATTN: KATA CLINIC**

### OFFICIAL USE ONLY

Paid	Cash	Check	Credit Card

**BE SURE THE WAIVER ON THE BACK IS SIGNED**

## ATTENTION PLEASE

Sunday, February 18, 2018

9:00 am to 12:00 noon written Certification Test

12:00 noon to 3:00 pm Demonstration Part of Certification Tests

On the morning of Sunday, February 18<sup>th</sup>, the facility is used by a church group. We must be as quiet as possible until 11:30 am. Thank you for your consideration. We will be giving the written test during this time.

SATURDAY, 2/17, LUNCH WILL BE AVAILABLE FOR PURCHASE  
AT  
TOHKON JUDO ACADEMY (\$9.00 per person)

### Hotel Information

Holiday Inn Chicago O'hare  
5615 North Cumberland  
Chicago, IL 60631

Phone: 773 693-5800  
1800 465-4329

Ask for the "TOHKON JUDO" rate of

**\$89.00 + tax**

**Make reservation before**  
**February 5<sup>th</sup>, 2018.**

Free O'hare Airport shuttle service.

Call hotel for more information.

**THANK YOU SO MUCH FOR YOUR SUPPORT!**